



Student Development Grant Application

Check Program:

_____ Student Development Grant

_____ Amount Requested (max \$1,000)

Student Name: _____ **UIN:** _____

Department: _____ **Major:** _____

1. Have you completed (for year 1 cohort) or updated (for year 2 cohort) your Individual Development Plan and submitted it to Dr. Odom? **Yes** _____ **No** _____

2. Briefly describe and justify the student development activity and date(s) you plan to attend:

3. If it is to attend a scientific conference, complete below with date(s):

Society or Conference Name _____

Title of Paper/Abstract if one is to be presented _____

____ Oral presentation _____ Poster with oral component (judged; set time to be present, etc.)

Faculty Co-Author(s): _____

Date: _____ Location: _____

Submitted / Approved By:

Student E-Mail Date: _____

Recommended approval by faculty advisor E-Mail Date: _____

Recommended approval by college dean Date _____

Please submit form to aglsgradinfo@tamu.edu and jnorgaard@tamu.edu